

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**(703) 305-6463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2		/					52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	2						TOTAL DEP.			
TOTAL CLAIMS	8						TOTAL CLAIMS			